

# BLM Recertification Evaluation

This document is used to determine the agency's minimum requirements for position recertification.

Trainee name:	Unit ID:
Trainee's supervisor:	Trainee's phone number:
Position to be recertified:	Date of last assignment:

**Certifying Official:** In addition to the mandatory evaluation assignment, the Certifying Official may request additional training or coursework. If the Certifying Official chooses to have the trainee complete a new position task book (PTB), then the recertification evaluation form is unnecessary.

- Mandatory - Satisfactory performance on at least one evaluation assignment by a qualified evaluator. The evaluation assignment should be documented on the Incident Personnel Performance Rating form, NFES 1576 (ICS 225).

Check the box next to any optional requirements the trainee needs to perform prior to being considered for recertification (work with the local Qualification and Certification Committee and refer to PMS 310-1):

- Open and complete all tasks in the current PTB as outlined by the local Qualification and Certification Committee. (Note: The trainee will not need to complete the evaluation assignment if the Certifying Official chooses to have the trainee complete a PTB.)
- Complete any new "required training" courses based on the current PMS 310-1 or agency policies that have been added to the position since losing currency.
- Retake all "required training" relevant to the position based on current agency policies.
- Attend the following course(s) prior to certification:

---

Trainee Signature

Date

---

Certifying Official Signature

Date

## Final Agency Certification

I certify that (trainee name) \_\_\_\_\_ has met all requirements for recertification in the above position and qualification has been reissued.

Certifying Official – Signature of Approval

Date

**Evaluator:** The above individual has lost currency for the stated position. The trainee's Certifying Official is asking the evaluator to assess the individual's skills and abilities to assist them in determining if the trainee should be considered for recertification.

Assignment Information:

Incident name:
Dates of evaluation:
Evaluator qualification:

Incident number:
Incident complexity:
Fuel type:

What, if any, significant job tasks, competencies, or behaviors were you unable to evaluate on this assignment?

Provide additional comments related to the individual's ability to perform the position.

Do you recommend the individual for recertification?

If no, what recommendation do you have for improving tasks, competencies, and/or behaviors (e.g., more experience is needed in logistic support)?

---

Evaluator (name, home unit, and phone contact)

Date

---

Trainee Signature

Date